Panel of Peers – Reflections From Select Panel Members June 24, 2022

Question 1

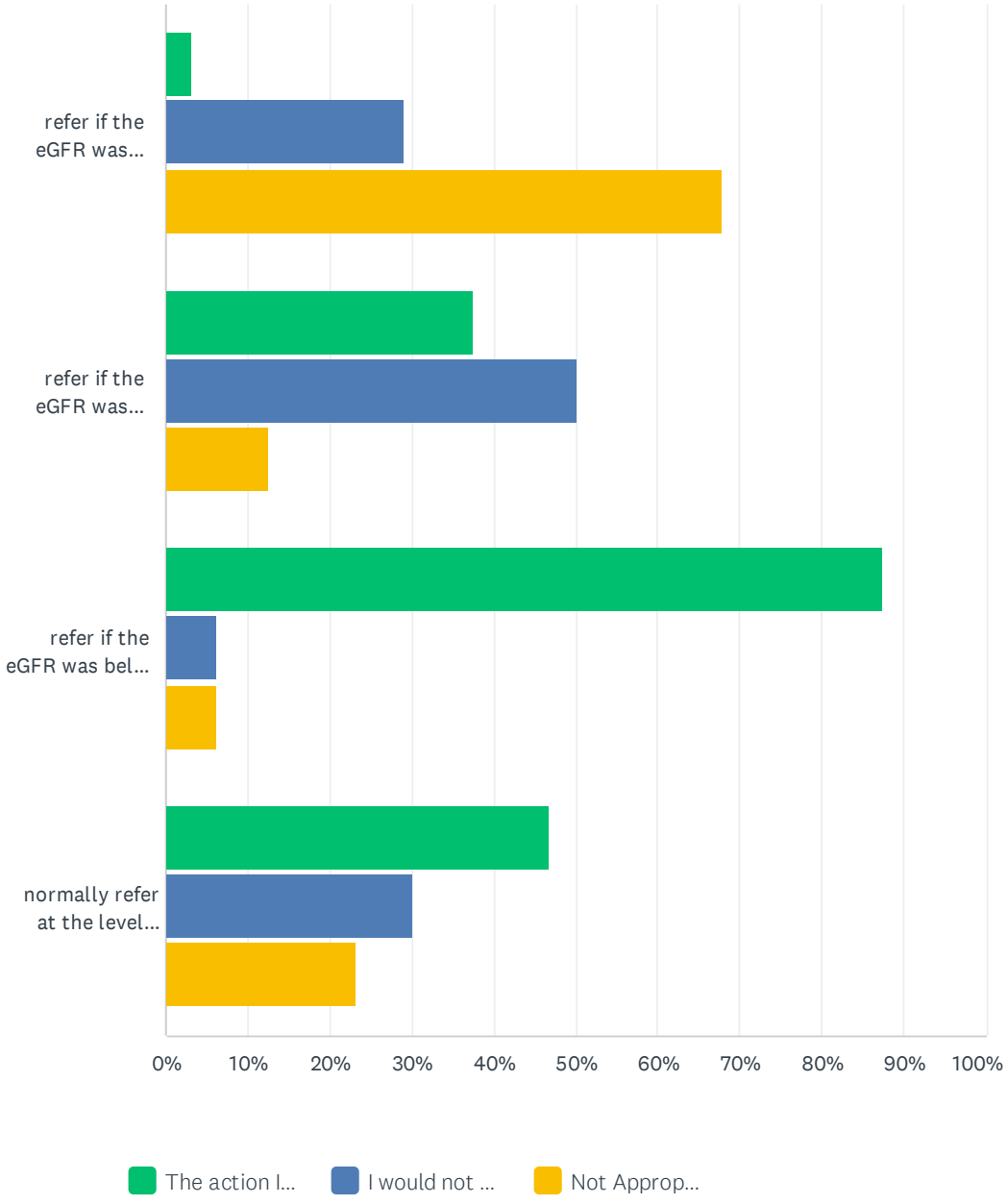
- There was some variety in the answers but the comments were a little surprising. A lot of people didn't discuss the need for a C&S for those with renal impairment. Many indicated they were confident adjusting dosing only.
    - Refer if the eGFR was below 30 – 88% Action I would take, 6% Not appropriate
    - Refer if the eGFR was between 30 and 60 – 38% Action I would take, 12% Not appropriate
    - Refer the if the eGFR was between 60 and 90 – 3% Action I would take, 68% Not appropriate
    - I might prescribe at a level I would normally refer due to lack of MD access – 47% Action I would take, 23% Not appropriate

Comments

- I don't think NP/MDs are any better qualified than a pharmacist to make decisions about therapy in renal impairment
- Renally dose antibiotic
- SMX and NTF inadequate concentrations below 50 mL/min. Urine concentration of cipro an d levo maintained as renal function fails. Best not to delay treatment if <60 mL/min
- Would prescribe an alternate agent less than 30 mL/min
- Need to have a C&S done so we don't waste time empirically treating with the wrong antibiotic. I'm confident with my ability to prescribe in renal impairment but we need the labs.
- Renal impairment is in the protocol because it would warrant a C&S. They need a C&S done today so we don't have to order it in 3 days after their condition continued/deteriorated. Referral has nothing to do with drug dosing in renal impairment.
- We don't always have this information. (SHARE-?) Sometimes it is simply ruling out the likelihood of renal impairment (age, medications, conditions).

Q1 (Your submission) The PANS prescribing by protocol for Uncomplicated Cystitis indicates that we should refer if the patient has renal dysfunction. At what eGFR should a pharmacist refer? I would …

Answered: 32 Skipped: 0



	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
refer if the eGFR was between 60 and 90 mL/min/1.73m2	3.23% 1	29.03% 9	67.74% 21	31
refer if the eGFR was between 30 and 60 mL/min/1.73m2	37.50% 12	50.00% 16	12.50% 4	32
refer if the eGFR was below 30 mL/min/1.73m2	87.50% 28	6.25% 2	6.25% 2	32
normally refer at the level I indicated above but I might sometimes prescribe just below that level because access to a physician/NP is bad.	46.67% 14	30.00% 9	23.33% 7	30

6

Panel of Peers – Reflections From Select Panel Members June 24, 2022

Question 2

- Fairly consistent response. Most would not prescribe below 30. Most indicated they would still prescribe an alternate instead of referring below 60. 25% aren't checking when they prescribe or dispense. You can see the results in the table below.

Comments

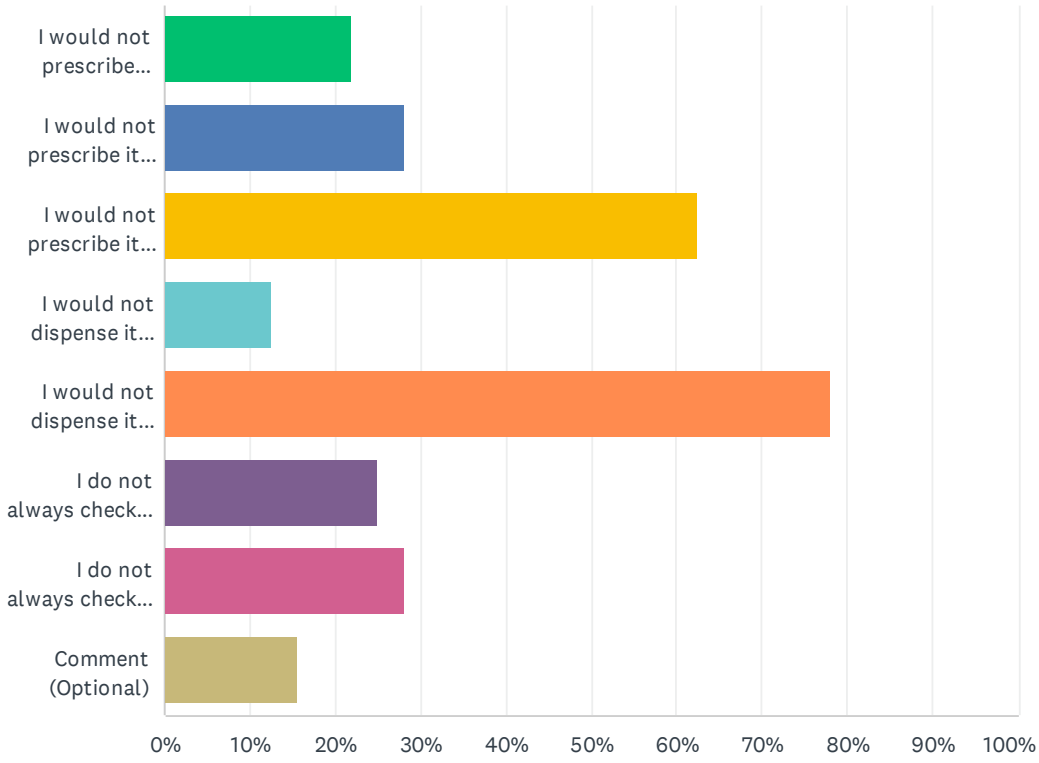
- I think the responsibility lies with the prescriber if the patient has renal impairment. I check when I prescribe.
- I do not have access to SHARE. In the process of getting it.
- I always ask the patient if they've ever been told they have renal impairment when they prescribe.
- I am not able to check renal function due to SHARE access.

Comment from Glenn Rodrigues:

I've advised my pharmacists in Prescription to Thrive to be very cautious about prescribing without looking at labs. I've seen too many prescriptions stopped or have dose adjustments due to information in SHARE. There is too much risk and liability and not having access is not a legitimate excuse given SHARE access has been available for years. I set everyone up as part of the program. A panel of peers would expect you to have access and look. Also, pharmacists are supposed to check the dose when filling prescriptions. No one would question that. Renal function is just as relevant to doses as weight in pediatrics.

Q2 (Your submission) The manufacturer's monograph for Macrobid® stated that it was contraindicated in those with an eGFR below 60 mL/min. There is limited data showing it to be safe and effective at 30 – 60 mL/min (Lexi). What is your cut-off for nitrofurantoin regarding renal function? Choose all that apply.

Answered: 32 Skipped: 0



ANSWER CHOICES	RESPONSES	
I would not prescribe anything below 60 mL/min (refer)	21.88%	7
I would not prescribe it below 60 mL/min (use alternate)	28.13%	9
I would not prescribe it below 30 mL/min (use alternate)	62.50%	20
I would not dispense it when prescribed by someone else below 60 mL/min (switch to alternate)	12.50%	4
I would not dispense it when prescribed by someone else below 30 mL/min (switch to alternate)	78.13%	25
I do not always check renal function when I prescribe for UTIs in those with plausible impaired renal function (elderly, diabetes, etc)	25.00%	8
I do not always check renal function when I dispense nitrofurantoin in those with plausible impaired renal function	28.13%	9
Comment (Optional)	15.63%	5
Total Respondents: 32		